Book, Video, and Film Reviews

Atkins, Dawn, ed. *Looking Queer: Body Image and Identity in Lesbian, Bisexual, Gay, and Transgender Communities*. New York, NY: The Harrington Park Press, 1998, 482 pages, $69.95 hardcover, $32.95 softcover.

Reviewed by Shelley Tremain, The Roeher Institute in North York, Ontario, Canada.

An anthology comprised of essays, poetry, and personal narratives by established and emerging poets and writers, *Looking Queer: Body Image and Identity in Lesbian, Bisexual, Gay, and Transgender Communities*, is the first book to address the ways that lesbian, bisexual, gay, and transgendered people regard their bodies (xliii-xliv). The editor of Looking Queer, Dawn Atkins, is the chair and founder of the Body Image Task Force, an organization that promotes positive body image and educates about dieting, eating disorders, and discrimination on the basis of appearance.

In the introduction to this book, Atkins explains that much of the research and writing on body image done prior to the late 1980s is homophobic, and it assumes heterosexist and racist biases. To be sure, lesbians, feminists, and other radicals have written a great deal on body image, fat oppression, and dieting over the past decade; however, as Atkins points out, this work has been marginalized by more mainstream books and films on body image. In addition, Atkins notes that, although gay men have begun to publish personal accounts of body image and identity, this writing tends to lack any political analysis of the ways that racism, ableism, and classism condition these. Since *Looking Queer* focuses on what lesbian, bisexual, gay, and transgendered people identify as issues that affect their self-conceptions and does so within a framework that acknowledges multiple axes of social oppression, it goes some distance to mitigate gaps
that exist in current research on body image and suggests directions for future work.

In particular, two sections of the book could be useful to theorists of queer identity, gender, and disability. One section, ironically entitled "Access to the Look," includes a short story by Mark O'Brien, an autobiographical narrative by Michael Michelangelo, an essay by Kenny Fries, and two poems by Fries. These disabled queer writers put into relief some of the discriminatory attitudes that currently circulate in (nondisabled) lesbian and gay communities about (for instance) who counts as a queer, what queers should look like, and who "looks queer." In addition, they articulate the impact of these attitudes on the self-esteem of disabled queers.

In his essay, Fries considers personal experiences that are based on misconceptions about disabled people (including the notion that disabled people are asexual), emphasizes that lesbian and gay community events are usually inaccessible, and remarks on the exclusion of disabled gay men from representation in gay culture. Michelangelo articulates the conflicted relationship that she has with her body. Michelangelo also shows how disability, gender, and sexual identity are mutually constitutive, and mutually reinforcing. O'Brien's short story illustrates how many of the disabling attitudes that circulate in mainstream culture are reinscribed in queer communities. Unfortunately, this section of the book seems unbalanced, given that it includes four pieces by two gay men and only one piece by one dyke.

The other section of *Looking Queer* that bears on the intersections of queerness,

gender, and disability is entitled "Square Pegs" and includes a contribution by Cheryl Chase, the founder of the Intersex Society of North America (ISNA). In a path-breaking piece of writing, Chase combines an account of ethnographic research on intersexuality and feminist theory with autobiography and reflections on the ways that bodies that do not conform to normative ideals of sexual dimorphism (i.e., are neither clearly "male" nor clearly "female") are pathologised. Insofar as intersexuality is medicalised as a defect that demands to be corrected, attempts to contain its social presence resemble the social control of impairment. Indeed, I suggest that this resemblance, that is, this convergence between the ways that intersexed bodies and impaired bodies are disciplined, promises to be a rewarding line of inquiry for both disability studies and queer studies.

Barnes, Colin, and Mercer, Geof. *Exploring the Divide: Illness and Disability.* Leeds, England: The Disability Press (The School of Sociology and Social Policy, The University of Leeds, Leeds LS2 9JT, England), 1996, 219 pages, $35.00 U.S./$49.00 Canada softcover (prices include postage and handling).

Reviewed by Anthony Tusler, Santa Rosa Junior College, California.

In England, a divide has emerged between the medical sociologists and the disability social constructionists. To increase the dialogue between the two (scarcely monolithic) camps, a conference was held at Leeds in April 1995 - "Exploring the Divide." The result is a volume of 11 papers by 14 contributors. For American readers who have not followed the schism nor their specific issues, this compilation provides a window into an aspect of British disability politics and, more importantly, a solid introduction to two concepts: impairment and the social model of disability.

Impairment can be loosely described as the individual, phenomenological experience caused by physical, sensory, or mental loss. The social model of disability is the analysis of disability identity and status that places the reasons for disability exclusion and oppression clearly within society's conception of disability rather than within the individual or his/her disability.

The social model has helped to energize British disability activists to work for political action to combat discrimination. Criticism of the social model has arisen bemoaning the lack of recognition for the personal experiences of pain and loss. Judging by the papers in this volume, the social model theorists appear to be willing to incorporate an expanded view of disability.

None of the social model critics mention the role that those directly affected, disabled people, should play in resolving the nature and meaning of impairment. An approach that integrates a theory of impairment into the social model needs to have a mechanism to avoid recreating the oppression that the medical model has fostered.

Although the title promises the exploration of how illness and disability are interrelated, it is not thoroughly revealed. Nonetheless, this is a ground-breaking and important compilation for anyone interested in the issues of disability identity and description.

Bass, Scott A., Morris, Robert, and Oka, Masato, eds. *Public Policy and the Old Age Revolution in Japan*. New York, NY: Haworth Press, 1996, 203 pages, $34.95 hardcover, $19.95 text (5+ copies).

Reviewed by Deborah Yanagisawa, Anthropology Student at the Graduate Center of the City University of New York, New York City.

Public Policy and The Old Age Revolution in Japan examines a variety of programs that Japanese policy makers have produced over the last 30 years in their effort to provide income security, medical care, appropriate housing, and job opportunities for Japan's aging workforce. The eleven articles presented in this monograph are short in length and, therefore, examine policy from the perspective of "a decision" rather than from the position of "policy development." Many of the articles include research that has been instrumental at the local level in implementing the national comprehensive "ten year plan to promote health care and welfare for the aged," also known as the Gold Plan. In 1989 the Gold Plan decentralized public services to the prefectural level and emphasized home care, preventive health education, and research.

Productive aging is an important subtheme in this volume. Since the 1970s, both Europe and the United States have witnessed declines in the participation rate of older people in the labor force. In Japan we see the exception. Citizens over the age of 55 continue to find new job opportunities in companies, or part-time temporary work through the government-sponsored Silver Human Resource Centers. Japanese policy makers create programs that present the older worker as a potentially productive resource. They emphasize training programs for workers over the age of 40 that are not limited to those who are economically disadvantaged.

The contributions to the volume by Scott Bass, Sara Rix, and Glenda Roberts explore the possibility of Japanese programs influencing policy in the United States. Scott Bass, whose research interest is "productive aging," describes a cultural difference between the Japanese and American gerontology programs. The West is generally focused on "independence" and "maximizing the self-sufficiency" of older people, whereas the Japanese explore "ikigai," their notion of the meaning, purpose, and worth of life through productive activity. The articles by both Rix and Roberts warn against romanticizing the Japanese system, which can exploit the older worker and create gender and age stratification.

The eight articles by scholars who are Japanese show apprehension about public policies concerning pension, health insurance, and housing design that may produce inequalities in the general society. They respect the government's role in limiting expenditures, but they describe in-home care workers as "paid volunteers." The workers are members of Silver Centers or resident-participation organizations that receive remuneration at the time of service or credit hours toward their own future needs.

Japanese policies strive to create intergenerational solidarity, which results in "aging" being defined in opposition to "disability." Public Policy and the Old Age Revolution in Japan reflects a "normative" view for the future path of society and public policy. The language of "productive aging" and "enriched meaning in life" appears encouraging, but it legitimatizes a system based on economic values, a system that has been brutal and, often, fatal to people with disabilities.

Blackbridge, Persimmon. *Sunnybrook: A True Story with Lies*. Vancouver, BC, Canada: Press Gang Publishers (Distributed in the U.S. by LPC Group/InBook, 1436 West Randolph Street, Chicago, IL 60607; 1-800/243-0138 or 1-800/626-4330; Distributed in Canada by General Distribution Services, 30 Lesmill Road, Don Mills, Ontario M3B 2T6; 1-800/387-0141 or 1-800/387-0172), 1996, 96 pages, $21.95 U.S./$23.95 Canada hardcover, $15.85 U.S./$18.95 Canada softcover.

Blackbridge, Persimmon. *Prozac Highway*. Vancouver, BC, Canada: Press Gang Publishers (Distributed in the U.S. by LPC Group/InBook, 1436 West Randolph Street, Chicago, IL 60607; 1-800/243-0138 or 1-800/626-4330; Distributed in Canada by General Distribution Services, 30 Lesmill Road, Don Mills, Ontario M3B 2T6; 1-800/387-0141 or 1-800/387-0172), 1997, 256 pages, $14.95 U.S./$18.95 Canada softcover.

Reviewed by Laurie Posner, World Institute on Disability, Oakland, CA.

"I don't want to listen to any more of your stories . . . they have no logic. They scramble me up. You lie with stories. You won't tell me a story and then say, `This is a true story,' or `This is just a story.' I can't tell the difference. I don't even know what your real names are. I can't tell what's real and what you made up" (Maxine Hong Kingston, The Woman Warrior, quoted in *Woman, Native, Other: Writing Postcoloniality and Feminism* by Trinh T. Minh-ha, p. 235).

"All this was a long time ago. This isn't truth, it's memory. I could tell you anything, you weren't there. . . . Or maybe you were there. Maybe you were Shirley or Stuart or Mary" (Persimmon Blackbridge, from "Truth" in *Sunnybrook*, p. 6).

Two recent books by Canadian author Persimmon Blackbridge depict lesbian protagonists who narrate from states of depression and psychiatric survival. Formally, and in content, Blackbridge explores the ambiguous, falsely polarized spaces between social expectation and disablement. Thus, the author dislodges social oppositions - such as normalcy and abnormality, self and other, truth and lies, patient and professional, mainstream and marginalized - by disrupting expectations of text and margin, subject and object, non-fiction and fantasy.

Sunnybrook (shorthand for the Sunnybrook Institution of the Mentally Handicapped) began as an art show and later became a book. In the translation, *Sunnybrook* retains the look and feel of an installation. With text, illustrations, and color-coded marginalia, the novel lends itself to multiple, non-linear readings - more akin to conversation and collage than to traditional literature.

Shirley, Stuart, and Mary are inmates at Sunnybrook. In this semi-autobiographical novel, Blackbridge conflates the story with her own history and identity, creating a disturbing, albeit effective, blur between confession and fiction. Diane Anderson, a.k.a. Persimmon, is a lesbian narrator/protagonist with a psychiatric history and a learning disability. Diane lands a staff position at Sunnybrook by pretending that her experience as a patient in a child guidance center was actually work experience.

Like other North American psychiatric institutions (with names such as Sunshine Terrace, Homewood, Hillcrest, Springview, and Harmony Heights), Sunnybrook evokes the quintessential paradox of the psychiatric facility. On the surface, the institution is a place of serene benevolence, much like a garden or a cheerful retreat. Within, it is "a cold

place" (p. 19) devoid of affection. Blackbridge emphasizes this irony throughout the work, juxtaposing Sunnybrook's sprawling lawns with its spartan wards. Describing one Sunnybrook ward, for example, she writes, "Ward B. had a bare concrete floor and no TV, no pictures on the wall, no curtains over the barred windows. . . . I went down the hall, past door after locked door. One door had a window in it, with bars and safety glass. Inside, I could see a woman in a straitjacket. The room was small and square, with a tiny high window that didn't let in much light" (p. 14).

With clips of intimate email, shifting narration, and chronology, *Prozac Highway* is a reeling, sexy, ironic dose of storytelling. The book recalls Elizabeth Wertzel's highly-publicized *Prozac Nation*, published in 1994. (Both book covers feature a white woman in a T-shirt with one arm thrown above her head. In *Prozac Highway*, however, the T-shirt is thinner, the woman is upside down, and she is embracing a keyboard as if it were a lover). While Prozac figures into the novel, the medication itself does not appear to be Blackbridge's central concern. More essential to the work is the story of Jam/Janice Johnston and her work, thoughts, friendships, community, isolation, and depression. Like a camera held by the protagonist and moved deftly within and around a scene, Jam's narration is raw, ironic, and subjective.

As lesbians with disabilities, Jam and Diane each wrestle with complex, competing social identities and expectations. These conflicts, which take their toll on the protagonists, bring into stark relief the cross-cutting issues of homophobia, ableism, and classism. The novels feature these intersections by placing Jam and Diane in dual (insider/outsider) roles and occupations. Jam, a performance artist and housecleaner, lives in a basement, wears the same T-shirt for weeks, and spends hours sorting through middle class and upper class lives. Having been injured and discounted by her clients, doctor, and psychiatrist, Jam conceals her class, scars, and sexuality to all but her Internet community, "ThisIsCrazy."

Diane's work places her on the border between patient and psychiatric staff. While she worries that revealing her psychiatric history, learning disability, or lesbianism will cost her the job, she is unable and unwilling to embrace her professional role. In a chapter called "Lesbian Social Service Professional," Blackbridge describes this conflict: "My girlfriend said if I was having such a hard time at work, maybe I should join the Lesbian Social Service Professionals' Support Group. I could talk about my job to people who would really understand, and avoid Social Service Burnout. I went to Sappho's [bar] instead and downed five Blues in quick succession" (p. 21).

Both novels are unsentimental about living with a disability. In addition, they do not romanticize the relationships and commonalties among people with different types of disabilities. Jam's friend, Roz, is impatient with Jam's depression. Jam, in turn, is overwhelmed by Roz's breast cancer. Nevertheless, the roles of friendship and community are vital to this work. Particularly in *Prozac Highway*, Blackbridge pays homage to these relationships upon which, she implies, survival depends.

Analogous to the way in which Disability Studies challenges the hegemony of the "normal body," and queer theorists question prevailing conceptions of sexuality, Blackbridge's work undermines the sense that Truth and Identity are stable and can be constituted by a dominant, linear text. Instead, in Blackbridge's novels, it is the conversation between margin and maintext, social expectation and experience that gives rise to various, changeable

identities and versions of truth.

References

Kingston, Maxine Hong. *The Woman Warrior.* New York, NY: Vintage Books, 1975.

Minh-ha, Trinh. *Woman, Native, Other: Writing Postcoloniality and Feminism.* Bloomington, IN: Indiana University Press, 1989.

Burns, Pamela G., and Courtney, Linda J., eds. *The TBI Tool Kit: A Manual Designed to Assist Advocates, Consumers and Professionals Identify Community Resources and Determine Eligibility.* Houston, TX: HDI Publishers (P.O. Box 131401, Houston, TX 77219; 1-800/321-7037), 1994, 230 pages, $24.95 softcover (quantity discounts available).

Courtney, Linda J., ed. *Social Security Benefits: A Guide to Accessing Services for Persons with Traumatic Brain Injury.* Houston, TX: HDI Publishers, 1994, 35 pages, $6.50 softcover (quantity discounts available).

Reviewed by Ray Glazier, Abt Associates Inc., Cambridge, MA.

The book Social Security Benefits is incorporated in T*he TBI Tool Kit*, where it appears as the first of four sections. Other sections are: "Other Resources" (20 pages); a 53-page "Handbook for [TBI] Survivors"; and the Appendix, which is an extensive listing (84 pages) of agency contact names and addresses. *The TBI Tool Kit* is the product of a collaboration between the Southwest Regional Brain Injury Rehabilitation and Prevention Center (Houston, TX) and the TBI NET: Eastern Regional Brain Injury and Prevention Center (New York, NY), both of which are funded by the U.S. Department of Education.

Traumatic brain injury (TBI) is so tragically common that many, if not most occurrences of TBI go undiagnosed and untreated, especially among lower income, uninsured populations. Common causes of traumatic brain injury, with its diffuse, life-altering consequences, include motor vehicle accidents, which account for about one-half of all head injuries, falls, beatings, whiplash, gunshot wounds, violent shaking (especially of infants), and oxygen deprivation from things like drug reactions and near drownings. Of the roughly 300,000 to 500,000 persons who survive severe, traumatic head injury in the U.S. each year, 30,000 to 50,000 are left with severe disabilities that preclude their return to normal life activities.

The brain is a semi-liquid, gelatinous organ without rigid structure whose mass is protected by the skull encasing it. Different areas have specialized functions and electronic pathways for data connections. Thus, a blow to the head can cause shifts of brain mass that shear the neural pathways in different areas of the brain simultaneously without visible damage. Since the brain is the central controller of everything we do and the embodiment of our consciousness and personal identity, TBI can result in a wide range of disabling impairments in the motor, sensory, cognitive, and affective domains. The insidious effects are often not apparent for days or even weeks, and they may seem unrelated - headaches, dizziness, memory and concentration problems, irritability, and energy depletion. Depression is common as the body reabsorbs dead and damaged brain tissue. The TBI survivor may have impairments in many life activities, impairments that are exhibited in family life and in the

workplace. Each year, about 373,000 Americans are hospitalized as a result of TBI. Of these, 99,000 individuals sustain moderate to severe brain injuries resulting in lifelong disabling conditions (Kraus & Sorenson, 1994).

Because so many brain injuries are not diagnosed, and the resulting problems may be diffuse, *The TBI Tool Kit* very appropriately begins with a simple self-assessment questionnaire or screening device called "Helps," which is provided in both English and Spanish. Since loss of income, depletion of financial assets, and loss of medical insurance often happen early to the TBI survivor and his/her family, the first "tool" provided is a 35-page manual dealing with the Social Security benefits that are designed to ameliorate these losses of resources. Information is included on the important Social Security Administration (SSA) work incentive programs, including the under-utilized Plan for Achieving Self-Support (PASS). All information is current through 1994; court rulings, Congressional directives, and SSA changes in regulations have altered things somewhat since then, and SSA is in the process of a complete redesign of its disability determination and appeals process, an effort to streamline it and to make it more equitable. The author's caution to check the SSA toll-free telephone information line is well taken, but the up-to-date information is now also available on SSA's Internet website: <http://www.ssa.gov/programs/disability>.

The book's "Other Resources" section is succinct, but comprehensive, and it includes more information on PASS, information that is not found in Social Security Benefits (published separately).

The "Handbook for Survivors of TBI" section leads off with a four-page "Who Am I" worksheet in which the TBI survivor can take stock of things: vital personal information, current situation, treatment history, educational background, employment history, and family members. The information on Entitlements includes a different, but also useful, take on Social Security benefits and how to get them, as well as Medicare, Medicaid, and Food Stamps. The state-federal Vocational Rehabilitation system and Client Assistance Program are presented in user-friendly fashion, as are the various aspects of community living: housing assistance, energy assistance, recreation, and transportation.

The Appendix to *The TBI Tool Kit* gives an exhaustive list of agency resources with addresses and telephone numbers, including those for TTY/TDD users. The great value of *The TBI Tool Kit* is the wealth and diversity of information it compiles in one place at very reasonable cost for the benefit of TBI survivors, case managers, and other concerned professionals. In this "Information Age," that is what it is all about. The editors would be well advised to consider publishing this book electronically on the World Wide Web, where the information it contains could be updated instantaneously, on an as-needed basis. Until that happens, buy the book from HDI Publishers.

Reference

Kraus, J., and Sorenson, S. Epidemiology. In J. Silver, S. Yudofsky, and R. Hale, eds. *Neuropsychiatry of Traumatic Brain Injury*. Washington, DC: American Psychiatric Press, Inc., 1994.

Courtney, Linda, ed. *Integrating Community Resources*. Houston, TX: HDI Publishers (P.O. Box 131401, Houston, TX 77219; 1-800/321-7037), 1994, 260 pages, $16.50 softcover (quantity discounts available).

Reviewed by Patrick J. Devlieger, Department of Disability and Human Development, University of Illinois at Chicago.

Practitioners and family members who look for information about community resources that can be applied to persons with traumatic brain injury (TBI) will find in this manual basic information, resources for further study, and practical information, such as phone numbers and addresses of organizations to contact. Ready-made slide presentations to facilitate the communication of information on TBI, attitudes, and sexuality are also available in this manual. The development of the manual was financially supported by the Rehabilitation Services Administration, U.S. Department of Education.

Readers of *DSQ* will find that this manual pays some tribute to the disability community. A few sections related to attitudes and language use are directly reprinted from the disability press. However, the primary audience for this manual is rehabilitation professionals, not individuals with disabilities. Disability Studies scholars, at first glance, will find the information provided in this manual somewhat schematic and uneven - the article on substance abuse is research-based, while all others take a practical-didactic approach. In one case, the presentation is dangerous: Presenting the roots of prejudice from a historical point of view, including early Greek, Christian, Hebrew, and Middle Ages, in three pages of slides will only maintain or increase a stereotyped view of disability in another time or culture.

Of interest to disability scholars is that this manual reflects a new emphasis on the legal model of disability. While the rehabilitation in the recent past of persons with TBI would have largely concentrated on medical and employment issues, very important legalinformation is provided in this manual. Such information defines the social status of persons with TBI and provides a definition of disability in legal terms. In this respect, the chapter by Linda Courtney on the Social Security guidelines provides good insight. Other chapters that rely on the legal model relate to employment, independent living, housing, state vocational rehabilitation agencies, and community-based services. The latter chapter includes concrete advice on selecting a lawyer! Toward the end of the manual, the chapters regress to a more medical and evaluative approach.

The value of this manual is its integration of the many community resources that are available by bringing them back to the needs of individuals with TBI. This task is based on the goals of achieving independence and productivity. For professionals and practitioners, this manual does the job of reducing the forest of resources and facilitating the communication of information to TBI clients. Therefore, both practitioners and persons with TBI may benefit from the use of this manual.

Dendy, Chris A. Zeigler. *Teenagers with ADD: A Parents' Guide.* Bethesda, MD: Woodbine House, 1995, 370 pages, $18.95 softcover.

Reviewed by Doris Landau Fine, Education Development Center, Inc., Newton, MA.

The author, a parent of two young men with Attention Deficit Disorder (ADD), has a professional background as a teacher, school psychologist, and administrator. She

offers this book as a general guide for parents of teenagers who have a diagnosis of ADD, and she wrote it "to fill the information void about the special issues and challenges confronting adolescents with ADD" (p. v). Using information gathered from interviews with parents, teenagers, and professionals, as well as research and behavioral charts and checklists, the author has attempted to provide an all-encompassing guide on understanding and managing teenagers with ADD.

Though the book is presented in six parts, Understanding ADD, Approaching ADD with Optimism, Trouble on the Home Front, Academic Agony, Parent Advocacy, and Teenagers Speak, there is substantial overlap and repetition in information, commentary, and advice. For example, issues related to the use and effects of medications are scattered throughout the book, and, in several cases, contradictory information is presented. Broad generalities leave the reader frustrated and sometimes confused. Statements such as "Some teenagers with ADD have problems with eye-hand coordination. Catching or hitting a ball that is thrown to them is a highly challenging skill" (p. 144), and "Although there are no easy answers for solving (these) problems, teenagers who are succeeding academically are less likely to get into trouble in school" (p. 233) are typical of the vague, sometimes simplistic tone found throughout the book.

When the author focuses on specific information, the results are clear and interesting. Three chapters, "What is ADD?," "Diagnosis of ADD," and "Treatment of ADD," offer comprehensive, up-to-date information that could be very useful to families and professionals. In the final chapter, "Words of Wisdom from the Kids," the author lets several teenagers tell their own stories of living with ADD. This is the most moving, focused, and informative chapter in the book.

The author clearly has a wealth of information and experience to share. The sheer volume of research and facts in this book is impressive. However, the format - double columns on workbook size pages with multiple subtopics and lengthy quotes -the organization, and the writing lead to a text that is confusing, often repetitive, and difficult to follow. The reader looking for a focused, comprehensive review of issues related to teenagers with ADD will be disappointed. However, the author has done a commendable job of gathering and indexing information on diagnosis, treatment, and specific behavior management issues and techniques. I would not recommend this book as a primary text, but it could serve as a resource for specific information for teenagers, their families, and professionals.

Fries, Kenny. *Body Remember: A Memoir*. New York, NY: Dutton Books, 1997, 237 pages, $21.95 hardcover.

Reviewed by Rosemarie Garland Thomson, Department of English, Howard University, Washington, DC.

This memoir focuses intimately, sometimes relentlessly, on the pain and the pleasures of the body. Indeed, this is a story of the writer's difficult, but ultimately accepting and satisfying, relationship with his body. Like all memoirs, it is about family, development, love, education, work, maturation, and identity; yet, the essence of Mr. Fries' narrative is his struggle to resolve the conflicts among being Jewish, gay, and congenitally disabled, all of

which are profoundly rooted in his bodily experience and existence.

The book is careful not to set up a hierarchy of identity, but to explicate fully the ways that these three marginalized and denigrated elements of the self interact, complement, and conflict with one another. One arresting observation Mr. Fries makes is that the Nazis would have determined to eliminate him on the basis of any one of these aspects of himself. This insistence on exploring the complexity of multiple identities, rather than allowing disability to neutralize other aspects of self, is the virtue of this memoir.

Several powerfully moving and intimate themes regarding disability recur in Mr. Fries' story. First is his constant awareness of being the object of stares. This exquisite, perpetual sense of self-consciousness is an important perspective not frequently found in literature, which most often centers on how nondisabled people view people with disabilities. Along with the relentless stares, Mr. Fries boldly confronts the imposed silences and denials expected from him about his own experience of being the object of people's curiosity and disgust: "I have never told my parents how I feel when people gawk at me while I walk down the street," he confesses (p. 4), suggesting with this statement the way that disabled people are required to protect the feelings of others, ameliorate their discomfort, and mend the fabric of everyday social relations.

Another preoccupation of the memoir is Mr. Fries' scars, which seem to function as the material traces of the massive surgical efforts he had to endure to try to normalize his body. Each lover demonstrates his devotion by touching the scars, as if to prove with this intensely personal ritual that the disabled body, indeed, can be the accepted source of pleasure and the object of love. Each of these encounters echoes his often-violent father tenderly bathing him as a child, the primal ritual of acceptance that haunts him throughout the memoir.

In the end, Mr. Fries finds love, wisdom, acceptance, and peace, all of which enable him to endure the stares and to embrace his own body. This is a powerful, if often discomfortingly frank, memoir that adds important nuances to the traditional confessional genre of disability life writing.

Gerlach, Warren E. "Slick." *Slick, the Master Mainstreamer.* New York, NY: Vantage Press, 1997, 183 pages, $15.95 hardcover.

Reviewed by Anthony Tusler, Santa Rosa Junior College, California.

Slick is the epic story of an obviously-disabled man's experience, struggles, and successes in America from 1923 to 1996. Unfortunately, the story does not appear to have been edited. Gerlach's recitation of his life, to the detriment of story-telling and insight, does not leave out a name, location, or incident in his long life.

There are a few nuggets to be gleaned by the present day Disability Studies researcher. Gerlach's story illustrates the role that assimilation has played for successful disabled people before our civil rights and cultural identity became a reality. "You should always know your place and never make a spectacle of yourself" (p. 1), Gerlach preaches in his introduction. Growing up during a time that granted integration and success only to the

most able-bodied-acting disabled people, Gerlach mentions other disabled people he has known who were either too assertive or too "whiny." The other two disabled people also attended Gerlach's college. Unlike Gerlach, neither was able to graduate.

Gerlach notes, with some rancor, that he was refused admittance to one college and denied needed physical access at another. His struggle is a reminder of how hard disabled people have had to work to be successful and of the lack of recourse prior to Section 504 and the ADA.

He is honest and straight-forward about his experiences and losses: sexual, vocational, and educational. Through rote recitation of his life story, we hear the muffled admonitions of an able-bodied society that tells disabled people to assimilate. There is ample evidence in the text about the powerful role parents play with their disabled children. Gerlach's parents urged him to succeed in his career, but sabotaged his getting married by their classism.

Overall, this reviewer is left feeling sad that this powerful story, a history of disability identity and survival, is insubstantial through a lack of editing.

Gesler, Wilbert M., Rabiner, Donna J., and DeFriese, Gordon H., eds. *Rural Health and Aging Research: Theory, Methods and Practical Applications*. Amityville, NY: Baywood Publishing Company, Inc., 1998, 259 pages, $46.00 hardcover.

Reviewed by Kristine Mulhorn, Health Care Department, The University of Michigan-Flint.

Rural Health and Aging Research is blazing new ground by giving researchers an instructional text for studying the aging population. Texts on health services research are usually not specialized, and, if they are, they are directed towards fields such as nursing or physical therapy. Not only are the authors offering specialized guidance for researching aging concerns, they are introducing those issues particular to the rural elderly.

For example, Chapter 2 outlines the differences between rural and urban settings. The chapter also covers primary and secondary data analysis, and it includes descriptions of significant health data sets, such as NHIS, EPESE, and NHCS. It is a reassuring and informative introduction to the text.

Other chapters pursue specialized topics and methodologies such as geographical aspects of health care, migration research, and community-based research. For example, applying a geographical perspective to research on this population means addressing health care needs in terms of resource availability, geographic accessibility, and utilization patterns. Since the 1970s, one key area of health services research has been accessibility. The authors discuss methods appropriate for measuring spatial distribution of the elderly in rural areas, such as choropleth maps. A choropleth map is one in which the population is designated according to the distribution of older adults in relation to the total population.

The authors' purpose does not involve providing guidelines for measuring functional ability. However, ADLs and IADLs are intermittently included in the background information. For example, in an overview of studies of rural elderly health and aging, the authors include a study of a noninstitutionalized older adult population using the Na-

tional Survey of Self-Care and Aging (NSSCA). The lack of emphasis may be considered a significant flaw of the book except that this omission reflects biases seen in the literature.

Overall, *Rural Health and Aging Research* is a significant collection of guides and instruction for researchers interested in studying health and aging issues of the rural elderly. For a more detailed description of statistical methods or health status measures, seek out other sources, but look at this one for pursuing other elements of research on the rural elderly.

Jones, Lizard. *Two Ends of Sleep: A Novel.* Vancouver, BC, Canada: Press Gang Publishers (Distributed in the U.S. by LPC Group/InBook, 1436 West Randolph Street, Chicago, IL 60607; 1-800/243-0138 or 1-800/626-4330. Distributed in Canada by General Distribution Services, 30 Lesmill Road, Don Mills, Ontario M3B 2T6; 1-800/387-0141 or 1-800/387-0172), 1997, 176 pages, $12.95 U.S./$15.95 Canada softcover.

Reviewed by Kate Kaul, Social and Political Thought, York University, Toronto.

Lizard Jones' first novel is about a woman's misadventures (real and imagined) over the course of a few days. *Two Ends of Sleep* is not explicitly about having MS, or about being a lesbian - but it is explicit. The questions Rusty, the sleepy protagonist, alternately refuses and investigates are personal, private, and all about how too-private, too-personal chronic illness can be: Is it okay to take welfare? Can you still be part of a community you mostly sleep through? And, closest to my own heart, how sick do you have to be before your girlfriend offers to do your laundry?

Perhaps there are more books with the three categories "Fiction/Lesbian/Disability" on the back cover, but are there many? The fun of *Two Ends of Sleep* is the ongoing confusion of the fiction, the lesbian, and her disability: Is Rusty enjoying afternoon infidelity or really great dreams? Can she make a new relationship with her old politics? Is she disabled or just happier pushing a shopping cart than carrying her litre of milk to the checkout? Lizard Jones' Kiss & Tell Collective came up with the interactive photo event, *Drawing the Line: Lesbian Sexual Politics on the Wall* (Press Gang, 1991); while some of the sexual fantasy in *Two Ends of Sleep* may also cross lines for some readers, this is another smart, fun, provocative work. Jones uses fantasy for the fun of it, but she also uses fantasy to explore questions of control in the unsettling and lonely experience of adjusting to diagnosis, and of reworking one's relationship to the world.

Kilcarr, Patrick J., and Quinn, Patricia O. *Voices from Fatherhood: Fathers, Sons, and ADHD.* New York, NY: Bruner Mazel (Distributed by Taylor & Francis, 1900 Frost Road, Suite 101, Bristol, PA 19007), 1997, 198 pages, $19.95 hardcover.

Reviewed by Peggy Quinn, Associate Professor of Social Work, University of Texas at Arlington.

This book is written specifically for fathers of sons who have Attention Deficit Hyperactivity Disorder (ADHD). This focus was chosen because fathers are seldom the

targeted audience for books about children with disabilities and chronic illness. Most information seems to be directed toward mothers, and fathers may feel left out or ignored. In addition, ADHD probably has genetic components and is most frequently seen in males. Throughout the book, fathers and even grandfathers discuss issues they have encountered. In many cases, the older men recognize some of their own behaviors in their sons and grandsons.

Throughout the first chapters, important information is featured in bulleted and boxed formats. For example, there is a listing (on page 6) of methods for preventing aggressive behavior. Other lists describe the symptoms of ADHD and techniques for setting positive limits.

This is an upbeat book designed to provide practical, helpful information for fathers. It continually reminds fathers of how important they are in their sons' lives. Some anecdotes feature fathers' descriptions of how they handled situations with their sons in a less than satisfactory manner. This may relieve some of the guilt for readers who have made, or are still making, the same mistakes. The emphasis is on recognizing parental behavior that is not helpful - and then correcting it.

This book should probably be distributed as an "Instruction Manual" for every father whose son is diagnosed with ADHD. The practical, helpful, positive suggestions could prevent, or at least reduce, family conflict, and it could promote more harmonious family interactions.

Lott, Bernice, and Maluso, Diane, eds. *The Social Psychology of Interpersonal Discrimination*. New York, NY: The Guilford Press, 1995, 248 pages, $30.00 hardcover.

Reviewed by Elaine Makas, Adjunct Associate Professor of Psychology, Lewiston-Auburn College of the University of Southern Maine.

I wanted to read this book the moment I received it. I was delighted at the prospect of reading a book focussed, as the book jacket promised, on discriminatory behaviors (as opposed to simple stated attitudes or behavioral intentions) in face-to-face interpersonal interactions (as opposed to impersonal institutional discrimination). As a social psychologist who has studied attitudes toward disabled people for the past twenty years, I am convinced that stated attitudes are often less-than-perfect indicators of behaviors, and that discrimination toward groups is simply the natural outcome of discomforting interactions between individuals. To me, then, this focus on face-to-face contact was the perfect venue for the investigation of interactions between disabled people and nondisabled people. My enthusiasm grew as I flipped through the book and discovered pages and pages of (mostly) current references at the end of each chapter.

Yet, my first effort at reading this book ended at page six, as did my second. By that point, I had come to the sad realization that the book would focus only on gender, race/ethnicity, sexual orientation, social class, and age, and on combinations of these categories - with the specific exclusion of ability/disability. I hasten to add that there was no deception involved; the editors acknowledged this exclusion at the outset. As it turned out, my optimism was a simple case of wishful thinking. "We have omitted consideration of interpersonal discrimi

nation based on mental or physical handicaps or on such physical attributes as weight. Such omissions do not reflect a belief that these categories do not frequently function as cues for avoidance, or the absence of a body of relevant literature. The decisions as to what to include in this volume were based on considerations of space and time, as well as on assumptions about what areas have been the most studied" (pp. 5-6). (No matter how many times I read this, I still cannot figure out whether the editors consider disability to be an overstudied or an understudied area!)

My third attempt to read this book was much more successful because I approached it from a totally different perspective. I decided to read the book to discover if disability really was excluded; and, if so, whether the inclusion of disability could have enhanced the overall aims of the book. From this new vantagepoint, I found the book to be an ideal, but sadly missed opportunity.

Disability, in fact, was barely mentioned. There were three references to a 1979 study (which, to the best of my knowledge, has not been replicated) and one reference to a 1968 study. I concluded that the editors must have been unfamiliar with work done in recent years on discriminatory behavior toward disabled people.

However, the point of this review is not to overstate the book's obvious (and acknowledged) avoidance of disability issues, but to point out the potential value of *The Social Psychology of Interpersonal Discrimination* to those of us who would like to make applications of this information to Disability Studies. Much of the information on behaviors/attitudes toward individuals who are gay or lesbian, for example, is highly relevant to the origins and outcomes of attitudes toward disabled people: e.g., phobias about contact with and perceived similarity to gays/lesbians (or individuals with disabilities) that are translated into passive or active aggression toward members of these groups; and rigidity of thinking as to what is the "normal" way to behave. As someone who has researched sexuality and disability myself, I also see many parallels between the antagonism toward gay men because of their perceived threat to the more valued "masculine" role (which the chapter author does address on pages 105-109) and similar discomfort over the perceived violations of "male" or "female" standards by people with disabilities (an issue not mentioned in this book).

By the same token, I was very much aware of the unacknowledged applicability of many concepts related to poverty and poor people to attitudes/behaviors toward disability and disabled people: "Studies seldom investigate positive experiences in the lives of poor people or the processes by which poor people can facilitate social change. . . . Even when poor people are included in research investigations, their experiences are seldom discussed in their own voices" (pp. 119-120). Or, "The use of these symbolic indicators [language, speech patterns, and walking style] remind us that social class is socially constructed or created rather than natural or inherent" (p. 121). Or, "Who has the right to decide whether another person's `quality of life' is low? Meissner (1986) warns that the elderly and disabled poor [why just those who are poor?] are especially likely to be the targets of such [health] rationing strategies, and urges both medical and legal professionals to fight against the implementation of medical rationing" (p. 137).

The parallels that can be drawn between ageism and ableism also seem obvious, although they are ignored by the chapter authors: "Ironically, older people represent the

only stigmatized group that, barring premature death, we all eventually join" (p. 160, emphasis added); "As long as we treat the problem of ageism as `someone else's,' we are guilty of making the elderly into `them' rather than `us.' Such a dichotomy is false, and can only make our own aging an unnecessarily fearsome and arduous process" (p. 176); "Some institutional policies and some behaviors toward the elderly are clearly ageist (i.e., they are based on chronological age rather than an individual's abilities, stem from hostile and negative feelings, and constrain the desired opportunities of elders). . . . We believe that in general, ageism exists because of gross misconceptions about the elderly -overgeneralizations of age-related changes and overestimations of their magnitude" (p. 177); and last, but certainly not least, "Furthermore, the withdrawal of food and hydration from terminally ill patients is sometimes based upon age. . . . Finally physicians may `slow-code' elderly patients, resulting in treatment that is given too slowly or in dosages
that are too low to be effective. . . . Such practices are based on the idea that elders' lives are not worth saving, since they are on the brink of death in any case" (p. 178).

By the time I finished *The Social Psychology of Interpersonal Discrimination*, I was less angry about the "exclusion" and "ignoring" of disabled people (two of the three "common prejudicial behaviors" listed by the editors on the book jacket) and more saddened by an ideal, but missed opportunity to address ableism in interpersonal interactions. I consider this to have been an "ideal" opportunity because, in fact, the editors and authors do an excellent job of discussing those topics that are addressed. Unfortunately, my interest lies in one major topic not addressed.

In the final analysis, I cannot recommend this book to *DSQ* readers, except for those willing to look at it solely as a source of ideas on what could be written about negative attitudes/behaviors toward disabled people. Perhaps, we can encourage these editors to enhance their future work by including a chapter that addresses our interests, too.

Luczak, Raymond, ed. *Eyes of Desire: A Deaf Gay & Lesbian Reader*. Boston, MA: Allyson Publications, Inc., 1993, 314 pages, $9.95 softcover.

Reviewed by Alexa Schriempf, Penn State.

While *Eyes of Desire* is not an academic work, it is nonetheless a moving and extremely telling collection of first-hand narratives. People who are both D/deaf and Gay tell their stories of coming out, of communicating, and of being different in a world that does not readily embrace difference. Luczak seeks to teach us that cross-cultural dialogue is not so difficult, that real people with real differences are communicating every day, even when communication is one of the hardest things they have to do. The connections between Deaf culture and Gay culture, once obscure, are illuminated in a variety of ways by individuals who stand at the intersection of several cultural identities: disability, sexuality, race, and gender.

From a collection of photographs, poems, short stories, essays, recorded interviews, and transcribed TTY/TDD interviews from over 40 D/deaf (and a few hearing) Gay men and Lesbians, Luczak provides the reader with a diverse body of cultural and narrative literature from which we can draw parallels between the Disabled, Deaf, and Gay cultures.

Sometimes these parallels are hard to find, for the book's goal is mainly to bring about a greater awareness of different lives; however, one obvious and intriguing connection is that, as members of oppressed groups, both D/deaf (and D/disabled) and Gay individuals share a similar process of identity formation. By presenting the stories of Deaf-Gay individuals, Luczak shows us how alike these groups really are. Deaf-Gay individuals, standing as they do upon the intersection of different and sometimes conflicting identities, have a lesson to teach that we should all learn. The cross-cultural dialogue that exists among Deaf-Gays and, therefore (possibly), between Deaf culture and Gay culture is one that we ought to uphold as a model of communication for all dialogues.

This model is not easily understood, much less applied. But we can, by at least remembering these personal accounts, come one step closer to achieving our own cross-cultural dialogues, whatever our own cultural locales may be.

One of the more insightful narratives describes a life of double-intersection: Ivy, a deaf bisexual woman, makes a connection between bisexuality and being hard-of-hearing. She states that "bisexuality is the same idea as hard-of-hearing people who are between two worlds [- the] Deaf world and [the] hearing world" (p. 177). She refers here to the debates in Deaf culture and in Gay culture that are centered around dichotomies. Deaf culture is pitted against the oralist cause - one group seeks to completely avoid sign language and be as "hearing" as possible. The other wants to avoid "mainstreaming" deaf children in hearing schools and celebrates ASL as a diverse and beautiful language. Hard-of-hearing people, signing and non-signing, often find themselves caught in the cross-fire and, in general, on their own. Likewise, in Gay and Lesbian cultures, bisexuals are generally cast out as different, as belonging to neither Gay culture nor mainstream culture. As Ivy points out, there seem to be no "bi" bars anywhere in the U.S. (p. 178).

Though Ivy shares a similarity with hard-of-hearing people via her deafness (the audiological condition), she, by no means (I would argue), has a first-hand account of what it is like to be hard-of-hearing. However, through her cross-cultural perspective as a bisexual woman, she does have a keen understanding of the position of a hard-of-hearing person. Ivy's narrative is but one of many that offer by way of example lessons on how we all can communicate better by thinking about who we are and where we are culturally located.

For reasons of space, I have avoided lengthy explanations of some terms that I take to be already largely understood (at least by readers of *DSQ*). They are broadly defined below.

Deaf - with a capital D - refers to the culture. Without the capital D, it refers to the audiological condition only.

ASL - American Sign Language - refers to the language that Deaf, deaf, and hard-of-hearing individuals use to communicate. It has no similarities to English, the written language. People who speak/read English and sign ASL are bilingual.

Mainstreaming is fully participating in so-called "main" cultural and educational systems. In the case of hard-of-hearing and deaf individuals, this often means forgoing their heritages as potential members of Deaf culture.

Hard-of-hearing means a hearing loss ranging from mildly to profoundly deaf. Hard-of-hearing individuals, depending on the severity of their hearing loss, can benefit

from assistive listening devices, each person with varying degrees of benefit and comfort.

Luna, G. Cajetan. *Youths Living with HIV: Self Evident Truths.* New York, NY: Harrington Park Press, 1997, 195 pages, $39.95 hardcover, $14.95 softcover.

Reviewed by John Holverson, Director of Policy & Program, The AIDS Project, Portland, Maine.

Youths Living with AIDS is a powerful and compelling collection of interviews of twelve young people, ages 19 to 25, living with HIV. These data were gathered by ethnographers from the Joven Project over a two-year period beginning in 1992. The project was one component of a larger National Institute on Drug Abuse-supported Secondary AIDS Education and Prevention Programs. Four central thematic areas were explored in the interviews: the background that led up to the interviewees' infection; beliefs on how and why their infection occurred; their experiences associated with the HIV test and the notification process; and their experiences subsequent to testing HIV positive.

The interviews produced representative and focused narrative data that illustrate how inexperience and vulnerability were easily exploited and led to HIV infection, and these data portray the past and present struggles that young people with HIV and AIDS have faced and continue to face. The narratives reflect larger social and institutional inadequacies; they also demonstrate youth's personal and individual spirit, strength, and resiliency.

Central to the stories is a common thread of disconnection and abuse. Many of these young people, during their childhood and adolescence, did not have the developmentally-linked skills to combat the labels that had been attached to them. When they identified and met "comrades in nature," these comrades were often adults and not peers (p. 2). The results of the inherent power and experience differentials were often devastating. In addition, many youths were unconnected to larger reference groups that could provide them with objective help, and they often lacked identifiable and positive role models.

The strength of this book is the power of each interview, which tells the consequences of isolation and substance abuse; neglect, disconnection, and street survival; and low self esteem and the drive to please others in the search for "love" in all the wrong places. The tender beauty and resilient spirit underlying the stories told is as touching as is this reader's discomfort with the lack of priority, attention, and resources extended to this population of children at risk in the transition of adolescence.

I highly recommend this book because of the power of the story telling and the themes revealed, and also because of Luna's thoughtful and perceptive summaries. But the nine pages of discussion of the themes emerging from the interviews, and the seven pages of conclusions are so compelling and feel so important in understanding HIV prevention work in this population that this reviewer is left wishing that Luna had been able to more fully develop his recommendations to work toward rapid economic, political, social, and institutional change. Clearly, Luna is an important voice. Having so brilliantly revealed the story of youths at risk, I look forward to his publishing a blueprint for active interventions. We need to hear what Luna has to say about nurturing the generation at greatest risk for HIV

infection. We all owe it to those voyagers, sailing forth to seek and to find.

Mitchell, David T., and Snyder, Sharon L., eds. *The Body and Physical Difference: Discourses of Disability*. Ann Arbor, MI: University of Michigan Press, 1997, 313 pages, $17.95 softcover.

Reviewed by Lois Bragg, Gallaudet University, Washington, DC.

Mitchell and Snyder are best known to *DSQ* readers as the husband-wife team who made the film *Vital Signs: Crip Culture Talks Back*. But, in liberal-arts circles, they are known as a force behind the emergence of Disability Studies from an under-theorized topic of occasional inquiry into a genuine scholarly discourse in history, arts and letters, popular culture, and, not least, theory. Less visibly, but as significantly, they are activists dedicated to the creation of scholarly venues -periodicals, conferences, a book series - for Disability Studies in the humanities, a most generous effort in a field otherwise characterized by competing agendas. The present anthology is best read as an exploratory stage in this larger scheme of establishing and defining the discipline.

Mitchell and Snyder's 31-page, heavily annotated Introduction is sufficient reason for acquiring the book, for it provides the most comprehensive rationale, agenda, and set of working assumptions for the field published to date. Too wide-ranging for a summary to do it credit, their Introduction makes the case for moving disability from the object of discourse to a perspective for discourse, and for regarding disability as part of a "continuum of normative physiology" (p. 3) rather than aberration. Arguing that arts and letters have exploited disability for its novelty and prurient interest and have deployed it as an outer sign of a moral defect, Mitchell and Snyder call for a critical exploration of "the various motivations, pleasures, and professional interests that are at stake in the historical construction of disabilty" (p. 19).

The degree to which the contributors to this volume meet the challenge of its Introduction is uneven. There is some excellent work here. Martha Edwards and Elizabeth Hamilton provide thorough, reliable, and much needed expository summaries of disability in, respectively, the ancient Greek world and Twentieth-Century Germany. Martin S. Pernick's contribution on early Twentieth-Century eugenics propaganda films and media coverage is a very welcome rehash of his important and fascinating book, *The Black Stork*. Paul Longmore writes a witty and erudite analysis of the TV show we all love to hate, the telethon. (One only wishes that Longmore would turn his considerable talents to bigger and more important issues than that nasty, but really insignificant, little rip-off.) Madonne Miner examines self-definition in the disability memoirs of Nancy Mairs and Andre Dubus by focusing on the sexes of the authors (which she quaintly calls their "gender histories"). Two pieces of first-rate academic literary criticism most closely meet Mitchell and Snyder's ideal, but, unfortunately for the general reader, expect specialist expertise: Jan Gordon analyzes paralysis of upper-class characters in novels by Lawrence, Dickens, Scott, Smollett, and George Eliot to question the extent to which it symbolizes social ills; while Rosemarie Garland Thomson, in a reprint of a chapter of her recent book, *Extraordinary Bodies*, investigates the use of various disability motifs in the works of Ann Petry, Toni Morrison, and Audre

Lorde to determine correlation with the authors' differing self-images as Black women.

The remainder of the essays suffer mostly from poor theoretical frameworks or methods. David A. Yuan's Marxist critique of a Civil-War-Era magazine article on prosthetic legs yields no insights on either the topic or the original article. Taking dubious psychological tacks, Lennard J. Davis, in a reprint from his *Enforcing Normalcy*, depends on a loopy Lacanian notion that infants perceive other humans as collections of body fragments, while David A. Gerber provides the repellent spectacle of the sighted historian, Gerber, putting a blinded WW I veteran, Al Schmidt, on the couch. Nor does feminist criticism escape misuse. Cindy LaCom sets out to contrast disabled women characters in novels by Trollope and Charlotte Yong, but gets lost in anti-male rhetoric; while a reprint from Felicity A. Nussbaum's latest book, *Torrid Zones* is so uncritical as to claim that a "Utopian" novel in which women use "deformed" people as slaves is "remarkably sensitive to the alignment of women's oppression with physical deformity" (p. 161)!

Most discouraging for Deaf readers are essays by Maria Frawley on the famous Nineteenth-Century deaf journalist Harriet Martineau, and by Caroline Molina on the fluff film, *The Piano*. Frawley, hard as it is to believe, has written a lengthy analysis of Martineau's *Life in the Sickroom*, a celebration of her invalid seclusion, without realizing that her important article,"Letter to the Deaf," had earlier urged deaf people to avoid the very seclusion later extolled in *Life in the Sickroom* - in fact, Frawley appears wholly unaware that Martineau was deaf. Molina, likewise, apparently unacquainted with deafness, gushes over the mythic, melodramatic, and telepathic qualities of what she calls "Ada's finger language" (p. 272) or "finger signing" (p. 280) -actually British Sign Language, the one authentic plot detail -and believes that the use of subtitles to translate sign language is "unique" to this film (p. 276); actually, subtitles were pioneered by early Deaf filmmakers and are now routinely used in ASL videos to make them accessible to the non-signing deaf. Molina's conclusion, that a Hollywood fantasy "offers new ways of conceptualizing muteness" (p. 280), suggests that Disability Studies in the humanities has a long way to go before the spaces created for it by Mitchell and Snyder can be adequately filled.

Osborne, Allan G., Jr. *Legal Issues in Special Education*. Boston, MA: Allyn and Bacon, 1996, 270 pages, $42.00 softcover.

Reviewed by Charles D. Goldman, Esq., Washington, DC.

Legal Issues in Special Education is a well-written book, the timing of which illustrates the dynamic and legalistic nature of law, especially special education. It is a book aimed at educators - not parents or advocates for children with disabilities - which, while fortunately not overly legalistic, fails to provide enough of what all sides need most - practical approaches and solutions.

The timing of this book is most unfortunate. It appeared shortly before the amendments to the Individuals with Disabilities Education Act (IDEA) were passed in 1997. Those amendments made significant changes to the procedural protections and legalistic nature of special education. The amendments also made changes in the nature/process of the core of special education, the Individualized Education Program (IEP), and disciplining students with special needs. Regrettably, these are not captured in this volume.

To the author's credit, the book addresses education of children with special needs not only in the context of the IDEA, but also anti-discrimination laws, such as the federal Rehabilitation Act, the Americans with Disabilities Act, and state civil rights mandates, as well as extremely important related issues, such as student records. In addition and most positively, the author provides cogent summaries at the end of each chapter.

This book, if updated, could be a primer for lawyers considering working in special education. It is replete with discussions of legal points, and it is annotated with case citations, which are most helpful. Also, the price makes it affordable for lawyers.

The book is not written in legalese. It is very readable. However, educators need more than texts. They need text and the practical tools, such as sample IEPs and sample discipline policies. Practical hints on how classroom teachers, not special education experts, should work with the child with a disability included in their class would be invaluable. With such additions, the author will come closer to meeting the needs of his target audience.

Hopefully, the author will do an update or supplement to provide more practical tools as well as to capture the changes of the 1997 amendments.

Patton, Cindy. *Last Served? Gendering the HIV Pandemic*. Bristol, PA: Taylor & Francis, 1994, 163 pages, $55.00 hardcover, $17.95 softcover.

Reviewed by Kate Kaul, Social and Political Thought, York University, Toronto.

Cindy Patton writes that her approach in *Last Served?* "falls roughly into the category of what is called `social construction' theory" (p. 4). This said, on the question of women and HIV, which social construction to address? Patton interrogates the category of "woman" as it is employed in AIDS research and policy, media representations, and prevention initiatives, describing "how particular ideas about gender emerged and have informed representations of and policy for women in the HIV epidemic" (p. 3). AIDS is more than a context in which to explore the social construction of "woman"; instead, *Last Served?* effectively relates these two as discursive categories. Patton argues that the treatment of women in the discourse of AIDS has effected a particular epidemiological and cultural narrative of AIDS; at the same time, AIDS always affects women in the larger context of gendered positions within cultures, economies, and family structures.

While Patton is not the first to suggest that AIDS is inseparable from its cultural context, her necessarily selective global analysis (this is a large project and a short book) suggests concrete connections between women's economic and social circumstances and their particular experiences of the AIDS crisis. For example, where food is short, women's "lower nutritional status" often leads to anemia; anemia (and difficulties in childbirth) may be treated by transfusion, which in some countries may have resulted in HIV infection; in turn, the illness of female agricultural workers lowers food production (p. 90).

Describing "the gendered politics of space," Patton notes that research on male migrant workers has failed to account for the mobility of women, who often work outside the formal economy. Patton stresses the importance of understanding this mobility, arguing that, since individuals practice and understand their sexuality in different ways when in

different places and situations, transmission-prevention campaigns cannot afford to appeal to unchanging identity categories.

Last Served? is part of the series "Social Aspects of AIDS," edited by Peter Aggleton (Goldsmith's College, University of London). Cindy Patton is also the author of *Fatal Advice: How Safe Sex Education Went Wrong* (Duke University Press, 1996).

Pelka, Fred. *The ABC-CLIO Companion to the Disability Rights Movement.* Santa Barbara, CA: ABC-CLIO, Inc. (130 Cremona Drive, P.O. Box 1911, Santa Barbara, CA 93116-1911), 1997, 434 pages, $60.00 hardcover.

Reviewed by Richard K. Scotch, School of Social Sciences, The University of Texas at Dallas.

This "companion" is an encyclopedia of the disability rights movement, with nearly 500 entries on people, events, organizations, court decisions, publications, and issues related to the movement. It is one of a series of books published by ABC-CLIO on "key issues in American history and life" that includes several other books on social movements and social issues. The author, Fred Pelka, is a freelance writer and a contributing editor to Mainstream magazine.

While designed as a general introduction to the disability rights movement, even those with extensive experience and/or knowledge of the movement will find this book a useful and fascinating source of information. Each entry is clearly and thoughtfully written and represents serious research on the topic and how it fits into the overall movement. Readings from this book would make an outstanding and accessible overview of disability politics, history, and culture. For those with personal, political, and/or scholarly experience with the movement, the book's breadth and depth will make it an informative reference to be consulted frequently, and a pleasure to leaf through for new tidbits of information.

A wealth of biographical details are provided on nineteenth- and twentieth-century historical figures and on contemporary activists, scholars, and public officials. While the most visible and familiar movement organizations and leaders are profiled, there are also listings on relatively unknown local groups and advocates from around the country. Broad policy topics (such as universal design and euthanasia) are side by side with topics from everyday life (such as parenting and wheelchairs) and items from both general popular culture and disability culture. Bibliographic notes and cross-references accompany many of the entries, and the book includes a detailed chronology, a comprehensive bibliography, and a useful index.

Pelka's work offers unique breadth, depth, diversity, and context on the disability rights movement and, more generally, on the American disability community. There is no comparable single volume available to us today. This book is likely to become an essential reference for disability studies students and scholars, journalists, and community activists.

Richardson, Diane, ed. *Theorising Heterosexuality: Telling It Straight.* Buckingham, England: Open University Press (Distributed by Taylor & Francis, 1900 Frost Road, Suite

101, Bristol, PA 19007-1598), 1996, 208 pages, $25.95 softcover.

Reviewed by Victoria A. Brownworth, Author of Too Queer and Film Fatales, Philadelphia, PA.

In ten essays by feminist and gender theorists, *Theorising Heterosexuality* broadens discourse on the contextualization of heterosexuality as the paradigmatic basis for all social constructs - that is, the compelling normative structure upon which society is based. The book explores - somewhat unevenly - why this has occurred, and how and why it skews perspective on nearly every social, political, and spiritual issue in (Western) society. The presumption of heterosexuality as a social core without challenge, these essays assert, has confined women and men in static relationships to each other and to society while also thwarting expansion of other discourse essential to social and political growth, particularly regarding race, gender, and social policy. Heterosexual preeminence, these essays posit, disables society.

While the book's subtitle might suggest a queer bias, in fact only one essay, Tamsin Wilson's "Which One's the Man? The Heterosexualization of Lesbian Sex," delves specifically into that area, with an approach fairly standard to gender and queer studies. Well-known Australian lesbian theorist Sheila Jeffreys also covers ground familiar to her devotees with "Heterosexuality and the Desire for Gender."

In fact, much of what appears in *Theorising Heterosexuality* will strike few fresh chords for those cognizant of the wealth of gender and queer theory. The essays of primary interest here actually deal not with gender per se, but with explication of heterosexual desire and the impact of heterosexual bias on heterosexual dyads. Thus, Wendy Holloway's "Recognition and Heterosexual Desire" and Victoria Robinson's "Heterosexuality and Masculinity: Theorising Male Power or the Male Wounded Psyche?" provide insights often missing from feminist gender-based studies that tend to avoid direct deconstruction of heterosexual desire.

The binary social structure codified by heterosexuality forms the nexus, in one manner or another, for each essay. Richardson, in her introduction, suggests this binaryness has not merely influenced social structures/strictures, but stymied efforts at exploring sexuality in relation to gender, race, ethnicity, and spirituality. Heterosexuality as the social prototype, she posits, means life reflects that bias; what is not by nature heterosexual becomes "Other" - not only homosexuality.

Richardson argues that examination of the interrelationship between race and gender or between race and sexual orientation common to queer studies is absent from political theory vis-a-vis heterosexuality. Thus, the necessity for re-examining the heterosexual paradigm - the "theorizing" of the title - as it affects every aspect of society.

These essays find numerous applications to Disability Studies as they elucidate issues of normativity and how such normative values and presumptions get applied in theory and practice. Substitute "nondisabled" for heterosexuality in most of these essays to illumine new concepts for disability theory.

Roberto, Karen A., ed. *Relationships between Women in Later Life.* New York,

NY: Harrington Park Press, 1996, 204 pages, $14.95 softcover.

Reviewed by Laura Hershey, Access Plus Consulting, Denver, CO.

The articles collected in *Relationships between Women in Later Life* cover a wide range of populations and relationships -nuns, female farm operators, mothers of grown daughters, guardians and their wards, residents of a nursing home and of a "continuing care retirement community," and a rural lesbian, among others.

Few of the chapters focus on disability, although it is certainly a major factor in the lives of many older women. When the authors do discuss disability, they tend to present it as a regrettable condition accompanying old age for a minority of women and, thus, as an individual problem with which these women and their caregivers must cope. In the world of gerontology, disability is rarely seen as the sociopolitical construct that the disability rights movement has shown it to be. For example, Robbyn R. Wacker and Pat M. Keith's article probes the experiences and attitudes of female guardians, but never examines the mechanism of guardianship from the wards' perspectives. Therefore, it never raises questions about the wards' loss of autonomy, nor about the potential for guardians to abuse their power. They are uncritically presented as altruistic and benevolent.

Similarly, Bethel Ann Powers looks at "Relationships among Older Women Living in Nursing Homes" and finds that women develop a variety of strategies and attitudes regarding friendship formation within an institutional setting, where residents live "in the company of strangers" (p. 183). Some resist interaction with fellow residents; some develop dependencies on roommates or staff. Powers' research does reveal that personal relationships are affected by the constraints of nursing homes, where "there is a noticeable reduction in the opportunities for control over one's life and choice of one's companions" (p.183). However, there is no hint of questioning the practice of institutionalizing older and/or disabled people. By the same token, none of the chapters explicitly discuss paid home care options as an alternative to placement in a nursing home or an assisted living facility.

Nevertheless, there are some important issues that arise throughout this volume. A recurring theme is the necessity and naturalness of giving and receiving help. Several of the articles include statements, or present research findings, that clearly refute the notion that help is one-sided. Some older women need help with some activities, but these same women are just as likely to help others. Some assist and advise their grown children in areas such as parenting and personal decisionmaking. Others exchange assistance and support with their peers.

In their article, "Diversity and Dynamics in Late-Life Mother-Daughter Relationships," Rosemary Blieszner, Paula M. Usita, and Jay A. Mancini critique traditional views of the interactions between women who help and the women whom they help. Much research, they lament, suffers from a "focus on the burdensome aspects of helping, with little or no attention paid to the benefits gained from doing so or the contributions of the care recipient to the relationship. . . . Assumptions about the hardships of caregiving and the passive stance of care recipients restrict the understanding of women's interpretation of the caregiving experience" (pp. 8-9).

In contrast, these researchers adopt a different, more accurate and equitable assumption - that "assistance is bidirectional, not unidirectional." By looking at "the multifac-

eted nature of the relationship," they avoid the flaws of "previous research paradigms that either problematized or sentimentalized it" (p. 9). The result is an analysis that is both feminist and disability-positive.

Saltman, Richard B., and Von Otter, Casten, eds. *Implementing Planned Markets In Health Care: Balancing Social and Economic Responsibility.* Buckingham, England: Open University Press (Distributed by Taylor & Francis, 1900 Frost Road, Suite 101, Bristol, PA 19007-1598, 1995, 260 pages, $27.00 softcover.

Reviewed by Gary L. Albrecht, University of Illinois at Chicago.

This edited book of essays, composed principally by European authors, tackles major issues surrounding health reform. The book assumes that health reform is necessary, is underway in one form or another in major European countries and in North America, and entails a complex mix of organizational and economic strategies. The editors frame the discussion of health reform in terms of the objectives of "obtaining greater efficiency and productivity from health providers, and maintaining as much equity as possible in the distribution of health care services" (p. 1). While acknowledging that there is no consensus on how a planned health care market should be constructed, they focus on competition and market discipline as the most appropriate tools to achieve the reform objectives. The book is interesting because it provides a European perspective and specific examples from the Netherlands, Britain, Sweden, Finland, and Austria to what many have seen to be an American debate.

The volume is divided into three parts. The first part, "The Politics of Contracting," presents an conceptual and empirical review of the political issues associated with health care reform. The second part, "Balancing Incentives and Accountability," evaluates the trade-off decisions that must be made in reducing costs, providing universal access to care, and maintaining an efficient health care provider force. The third part, "Constructing Entrepreneurial Providers," illustrates how health care reform has been incremental and pragmatic despite national idealism and interest group pressure for dramatic change. The introduction and conclusion point out that reform has been difficult to implement; market-oriented reforms have required increased government regulation and are costly to make; the purchase and provision of health care services have been separated, but in different ways across countries; and there is a debate over who should design health care contracts and what role elected politicians should play in the system.

The book is stimulating because it provides a history and context of health care reform in Western countries that share similar general values, but have evolved different forms of the welfare state and now express diverse versions of the basic social contract between citizens and their government. Some argue that these national differences will continue to be reflected in health care reform. Others submit that, in a global political economy, institutional isomorphism will occur. History will tell the story. The implications for people with disabilities and chronic illnesses are enormous. According to those espousing humanitarian values, nations will be judged on how they treat their young, their old, women, and disabled people. To these activists and observers, health care reform is a litmus

test of national values and resolve, and not merely a dispassionate political exercise. As more citizens care for older parents and spouses and personally experience chronic illness and disability, they are likely to become increasingly involved in decisions about resource allocation and social welfare policies.

Shakespeare, Tom, Gillespie-Sells, Kath, and Davies, Dominic. *The Sexual Politics of Disability: Untold Desires*. New York, NY: Cassell Academic, 1997, 258 pages, $69.95 hardcover, $18.95 softcover.

Reviewed by Shelley Tremain, The Roeher Institute, North York, Ontario, Canada.

Written by queer activists and theorists who are members of the British disability rights movement, *The Sexual Politics of Disability: Untold Desires* unravels the innumerable social and political factors that condition the range of options from among which disabled people can choose ways to express their sexualities, as well as the factors that limit the number of opportunities they have to act on those choices (pp. 16-43). This book also indicates that disabled people seek to defy and subvert those restrictions. In so doing, this book heralds the development of a new field of inquiry for Disability Studies. For, with few exceptions heretofore, work on sexuality and disability has been a product of medical and other authoritative discourses in whose terms disabled people are presumed to be asexual (i.e., are desexualized) or sexual in ways that are inherently pathological (p. 3). Because these professional discourses tend to assume a biomedical conception of disability and a normative (heterosexist) conception of human sexual relations, they neglect to consider the ways in which the sexualities of disabled people, in general, and disabled queers, in particular, are contested sites of social power.

The book is comprised of six chapters, each of which is complemented by a personal narrative that contextualizes some of its discussion. The chapters, which draw upon responses given in the course of interviews with disabled people, and on two anonymous questionnaires (pp. 11-12, 211), cover an array of topics pertinent to the ways that the sexualities of disabled people are constructed, ones as varied as: the dearth of representations of disabled people as sexual beings, disabled people as agents of our own sexualities, the social position that disabled people vis-a-vis dominant conceptions of masculinity and femininity, the widespread sexual abuse of disabled people and how it affects our sexualities, and the ways that homophobia, ableism, and sexism impinge on the lives of disabled queers.

Shakespeare, Gillespie-Sells, and Davies acknowledge that their decisions with respect to which issues to address in the book stem in part from their own political allegiances, as well as from the fact that most of their respondents identify with the activities of the disability rights movement and assume a political analysis of disablement. The authors also make efforts to instruct us that we should find their book limited in some respects; for, as they point out, few of their respondents were cognitively impaired people or disabled members of racial and ethnic minorities (p. 12). As they emphasize in the opening pages of the book, however, they do not think that *The Sexual Politics of Disability* is some definitive work on the sexualities of disabled people, nor do they wish us to regard it as such. To the contrary, they suggest that we should regard this book as a provocative introduction to a

politically-informed perspective on sexuality and disability, one that is intended to lure us further into this forbidden zone.

Sparer, Michael S. *Medicaid and the Limits of State Health Reform*. Philadelphia, PA: Temple University Press, 1996, 235 pages, $40.00 hardcover, $16.95 softcover.

Reviewed by Mary Ann Baily, Adjunct Associate Professor of Economics and Public Policy, The George Washington University, Washington, DC.

The topic of Medicaid is important to the disability community, since it is a major source of funding for essential disability-related services. Unfortunately, the program is so complicated that it can be a nightmare to understand, let alone use. This book does a surprisingly good job of orienting the reader to Medicaid in a straightforward way.

The core of the book is a comparison of the Medicaid programs in two states, New York and California. Since these states contain a disproportionate share of the U.S. population, they are important in themselves. Equally important, the comparison is used by the author to illuminate overall Medicaid issues as well as state level variations in approaches to health policy, in general, and to health care reform, in particular.

The book begins by establishing the context: a brief history of health carereform efforts at the national level, the role of the states in these efforts, the reasons why national efforts have failed, and the return of the reform initiative to the state level. This is followed by a brief overview of the Medicaid program: its history, basic structure, and variation across the fifty states. The next five chapters settle into the comparative study of New York and California. Chapter 4 provides an overview, and Chapters 5 through 8 compare the two states' Medicaid policies toward nursing homes, home care, hospitals, and managed care plans, respectively. In the last chapter, the author presents his conclusions about intergovernmental relations, health care politics, and the states' role in a reformed health care system.

DSQ readers may find the chapter on home care especially worth reading. I have no direct experience in this area, so I do not know for sure that the author has it right, but his discussion is thought-provoking. He explicitly recognizes the difference in the perspectives of frail elderly Medicaid recipients and those of non-elderly, physically disabled Medicaid recipients on home care policy, and he analyzes the politics of the control/discretion issue and its impact on the way each state handles Medicaid home care benefits.

Taylor, Jim, and Taylor, Shel. *Psychological Approaches to Sports Injury Rehabilitation*. Gaithersburg, MD: Aspen Publishers, Inc., 1997, 360 pages, $49.00 hardcover.

Reviewed by Jo Ann Kleinfelder, Cleveland State University; Exercise Physiologist, Total Fitness Concepts, Sandusky, OH.

The preface to *Psychological Approaches to Sports Injury Rehabilitation* states that its purpose is "to provide rehabilitation professionals with an understanding of how psychological issues impact rehabilitation and return to sport" (p. xvi). The authors accomplish this goal by guiding readers through sections devoted to Rehabilitation Assessment

and Education (Part I), Psychological Problems and Referral (Part II), Psychological Influences on Rehabilitation (Part III), and Facilitating Rehabilitation (Part IV). Subsequently, each chapter is introduced with a short case problem or issue, followed by a set of diagnostic questions that are explored in detail, emphasizing clues to recognition and suggestions for helping the athlete cope with pain, anxiety, perceptions, moods, and emotions experienced during the rehabilitation process. More importantly, the rehabilitation professional is challenged to think beyond the physical process of rehabilitation and to focus on how the psyche can positively enhance or negatively undermine rehabilitation goals. To this end, Parts I and II provide some concrete tools, such as graphs, forms, and charts for identifying athletes' personal and physical profiles,
along with models depicting physical stages of rehabilitation. The critical importance of client education, an element that is often inadvertently lost in the pressured world of rehabilitation, is cited as a key to successful outcomes.

Although *Psychological Approaches to Sports Injury Rehabilitation* is not intended to be a self-help manual, some athletes may find Parts III and IV helpful in determining how and/or why they experience specific moods, emotions, and thoughts while undergoing rehabilitation. Especially significant for the practitioner and the athlete is the chapter on anxiety, which details procedures for passive and progressive relaxation techniques. A section on imagery guides the user through several types of rehabilitation imagery that employ all of the senses. Likewise, the chapter on pain management offers physical and mental methods for coping, such as deep breathing, meditation, and therapeutic massage.

While this publication devotes its content to the athlete, rehabilitation professionals can easily apply its tools and methods to those clients with injuries or disabilities outside of sport. After all, the goal of any client receiving rehabilitation services is to regain optimal function, both physically and psychologically, relative to his or her type of injury or disability. Non-athlete clients will also find Parts III and IV, as described above, useful if they can divorce themselves from the athletic references and insert their own unique situations.

In conclusion, *Psychological Approaches to Sports Injury Rehabilitation* is a valuable tool for those in the rehabilitation profession who want to make the rehabilitation process more successful and fulfilling for their clients and themselves. Athletes and non-athletes with injuries or disabilities may also find sections of this book timely. However, one must keep in mind that this publication is primarily dedicated to its stated audience, the rehabilitation professional. The authors are to be commended for helping professionals understand the mind-body connection and its circular cause-and-effect relationship. It is a brave step and an important contribution to make such a statement in our culture, which tends to address parts and disregard the whole.

Thomson, Rosemarie Garland. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature.* New York, NY: Columbia University Press, 1997, 200 pages, $45.00 hardcover, $16.50 softcover.

Reviewed by Maria Anastasopoulou, University of Maryland, College Park.

In Part I, Chapter One, which is also an introduction to her discussion of Extraor-

dinary Bodies, Rosemarie Garland Thomson succinctly describes the ambitious agenda of her project. It is, she tells us, "to alter the terms and expand our understanding of the cultural construction of bodies and identity by reframing `disability' as another cultural-bound, physically justified difference to consider along with race, gender, class, ethnicity, and sexuality . . . to denaturalize the cultural encoding of these extraordinary bodies . . . to interrogate the conventions of representation and unravel the complexities of identity production within social narratives of bodily differences . . . to challenge entrenched assumptions that `able-bodiedness' and its conceptual opposite, `disability,' are self-evident physical conditions . . . to probe the relations among social identities -valued and devalued - outlined by your accepted hierarchies of embodiment" (pp. 5-7), to theorize "about the processes and assumptions that produce both the normate and its discordant companion figures" (p. 9). The book, Thomson announces, is "a manifesto that places disability studies within a humanities context" and "explicitly situate[s] disability within a politicized, social constructionist perspective" (pp. 15-16). Rosemarie Garland Thomson delivers every point in a beautifully-written, well-informed, and insightful discussion.

The writer brings feminist theory strategies to bear on disability discourse and recasts disability "as difference rather than lack" (p. 22). By referring to the theories of writers who formulated Western thought, such as Aristotle, Kant, and Emerson, and concepts, such as Foucalt's cultural analysis, Ervin Goffman's theory of sociological stigma, Mary Douglas' notion of "dirt," Thomson shows how the liberal ideology of autonomy and independence that prevailed in the Western world is responsible for the perspective that fabricates representations of difference in a hierarchical scale and creates our notions of "normate" and its opposite. She proceeds to formulate a "feminist disability discourse" showing how the disabled woman is "positioned both inside and outside the category of woman" (p. 29) according to traditional cultural representations, and she points out the need to "wrestle to the floor" (p. 28) these cultural figures that haunt the Western conception of reality so that space is created for self-definition according to differences, and a reconceptualization of disability, not as something to be compensated for, while marginalized, by a welfare society, but as something to be accommodated and integrated as physical variety in the social workforce.

In an astute analysis of American society (Part II, Chapter Three), Thomson points out how the egalitarian individualism at the basis of American democracy that demands conformity with an average norm has marginalized bodies with physical differences, has perpetuated received conceptions of the normal versus the non-normal, and has given rise to the cultural phenomenon of American freak shows between 1835 and 1940. She also traces the development of the pre-Enlightenment concept of the extraordinary body as strange, awful, and lurid spectacle, to its later concept as sick, hidden, and shameful, under the influence of eugenic politics in the late Nineteenth and early Twentieth Centuries. Thomson, then, continues her discussion of literary representations of the extraordinary body in the work by Nineteenth-Century American novelists Harriet Beecher Stowe, Rebecca Harding Davis, and Elizabeth Stuart Phelps (Chapter Four), in which she points out the paradox that besets the kind of sentimental fiction that, although ostensibly seeming to validate "disabled figures in the service of individualistic ideology" (p. 81), thus legitimizes an idealized

abstract self at its center.

In the final chapter (Chapter Five), Thomson analyses the representation of the disabled female figure in the works of Ann Petry, Toni Morrison, and Audre Lorde and shows how these African-American novelists reverse the received notions that associate disability with weakness or evil and construct a Black female subject in a position of empowerment beyond historical notions of sexism and racism. By making their disabled women render their physical disabilities the center of their power as free agents, in spite of social and physical limitations, these African-American writers initiate a "positive identity politics," which not only saves the extraordinary body from its association with deviance, but also, ironically, inscribes it in the nonconformity ideal of an independent self about which both Emerson and Thoreau spoke.

Thomson demonstrates her ability to forcefully present her complex sociocultural analysis of disability with such clarity of language, which is a pleasure to read, informed and convincing argument, and, above all, discourse; and, at the same time, she introduces Disability Studies within the humanities in a way that will make a difference. The length of the present critique cannot possibly do justice to such an important contribution to the field of Disability Studies. It is a book one must read, even if only for the mere aesthetic pleasure of its composition, being sure that she/he will not be the same person after reading it.

Film Clips

Joslin, Tom, and Friedman, Peter (Producers/Directors). *Silverlake Life: The View from Here.* [video]. New York, NY: New Video Group, Inc. (250 Park Avenue South, Suite 261, New York, NY 10003-1402), 1994, 99 minutes, $39.95 purchase, released on home video.

Reviewed by Denice Vallee, Dana Wilson, and Nate Ladd, Graduate Students of Occupational Therapy at Lewiston-Auburn College, Lewiston ME.

Silverlake Life: The View from Here is a powerful documentary film about coping with disability as the result of AIDS. The film chronicles the story of Tom Joslin and his partner of 22 years, Mark Massi, as both personally confront the unknown consequences of living with AIDS. The film is rich in symbolism surrounding the fate of a person coping with a terminal illness: images such as the wasted silhouette of Tom's body ravaged by AIDS, and the time lapse photography of the sun as it travels across the sky into the sunset.

Despite the dark tone that pervades this film, it is a unique and enlightening portrait. One portion of the title, "the view from here," hints not only at the unique perspective of two lovers who share the emotional battle against a devastating disease, but also the struggle for equality and acceptance shared by people who are gay and people who live with illness and disability. The reality of such a struggle for so many people is clearly stated by Tom when he comments, "This world is so strange, I've never really felt a part of it. I think that being gay separates one - certainly having AIDS separates one - from the rest of the world."

Silverlake Life draws our attention to how persons outside the experiences of terminal illness, disability, or being gay are often ignorant of or indifferent to the needs and

frustrations of persons who are different than they. Tom's father is such a person, as he comments that being gay "is a strike against one. It doesn't seem quite normal to us - to the normal people." In addition, Mark's perception that Tom's mother "feels sort of sorry for us - that we [gay individuals] can't live like the rest of the world" is often shared by persons who have a disability. Individuals with such ignorance or indifference fail to acknowledge that individuals with disabilities or those who are gay merely seek the meaningful opportunities and life satisfaction achieved by others.

Interestingly, the film portrays two contrasting personalities, as both men face terminal illness and the deteriorating health of their own bodies. At the same time, Mark and Tom experience the fear and frustration surrounding the inevitable death of their twenty-two years together, as the illness threatens to take the life of Tom. The men explore and ultimately accept two unique and distinguished perspectives for dealing with the powerful circumstances that "life has dealt" to them. Considering himself a "gloom and doom AIDSer," Tom angrily accepts his destiny as indisputable, while Mark fights to lower the threat of his own demise by experimenting with a variety of alternative medicines and herbal remedies. Tom comments that he has lost "the steam of life" and becomes a "distant viewer" of the world surrounding him. As the film captures the rapid progression of Tom's illness and his diminishing desire to participate in life, an arena is created to ponder the power of a person's will and mind as it relates to physical wellness. The film allows the viewer to experience an intensely powerful and dynamic situation shared by two men in love, and it has the potential to expand even the shallowest of minds.

Tom's and Mark's story is about the complexity of coping with terminal illness and disability and of establishing a positive identity in a society where equal access to opportunity is a constant struggle. The men maintain an outlandish sense of humor about their AIDS and find comfort and support in one another as they contend with medical regimens, the acceptance of parents and siblings, and "the incapacity to complete the simplest five minute tasks." Perhaps above all, *Silverlake Life* is about achieving the respect and support of family and community, which are so essential to quality of life for every individual. This film is recommended to anyone who wishes to broaden his or her understanding of diversity and inclusion within mainstream society.

Kranz, Gayle (Producer), and Neudel, Eric (Producer/Director). *Fred's Story* [video]. Cicero, NY: Program Development Associates (5620 Business Avenue, Suite B, Cicero, NY 13039; 1-800/543-2119), 1996, 27 minutes, $79.00 purchase.

Reviewed by Beth A. Haller, Towson University, Towson, MD.

Fred's Story is one of escape. A resident of the Mansfield Training School in Connecticut for 40 years, he finally gained independence when the institution closed in 1990. Fred Calabrese is a vibrant and engaging man who still wonders why his family never returned to "get me out."

He now has an apartment, a job, and friends in the community. The video takes the Speaking for Ourselves approach in portraying Fred's story. Press information says producers did not want to impose their own analysis onto Fred's saga with a third-person documen-

tary. They wanted the viewer to hear Fred's story about what being free from an institution means to him in his own words. And Fred does poignantly relate the unpleasant and oppressive life he lived in Mansfield. The video is also accompanied by four card-sets of discussion guides: for self advocates, for community, for professionals, for families. In addition, the video intersperses Fred's story with a 1964 film, *Pattern for the Nation*, created by the Connecticut Health Department. It is basically a propaganda film about the positive effects of the Mansfield Training School on people with mental retardation.

However, the video does not achieve full impact in telling the horrible tale of a 40-year institutional life for several reasons. The first is an access issue. This video needs to be fully open-captioned for all. Fred has a slight speech impediment, which makes him difficult to understand at times, and the sound quality, in general, is not the best. Captioning would easily have overcome these problems, not to mention making the video truly accessible to all.

Secondly, although the efforts to allow Fred Calabrese to tell his story solely in his own words should be applauded, having no other voice over or context makes the video confusing in parts. A voice over need not have been patronizing. But it could have successfully given background to Fred's narrative and strengthened audience understanding of it. It also could have assisted in helping the audience interpret the historic film, which loses its potentially jarring impact because the audience is still only receiving the propaganda of the film. A voice over could have countered the propaganda of the 1964 film by giving the facts about the negative results of these institutions.

Because of these problems, the strongest impact of *Fred's Story* is actually the present day circumstances, rather than the horrors of the institution. When Fred shows where he works, interacts easily with co-workers, or talks comfortably from his own apartment, the viewers receive a wonderful message about the blessings of people with disabilities living in the community.

Nobles, Dawn, and Waterbury, Robert (Producers). Helping Hands: *A Video Guide to Accommodating Disabilities in the Workplace* [video]. Boston, MA: Fanlight Productions (47 Halifax Street, Boston, MA 02120; 1-800/937-4113), 1994, 37 minutes, $195.00 purchase, $50.00/day rental.

Reviewed by Devva Kasnitz, World Institute on Disability.

This video is a good effort. It is a decent introduction to reasonable accommodation in the workplace for employers and human resources personnel who are unfamiliar with the topic. It does a passable job of explaining our rights under the ADA in an unthreatening way. However, from the point-of-view of the independent living movement, it fails to extend our rights. Because my own expertise is in personal assistance services at the worksite, I am concerned that the first of the biographical vignettes of disabled workers presented in the video talked of "we have a nurse on staff who takes care of his personal comfort stops." We need to move beyond any publicity suggesting that nursing care is necessary for personal assistance at work.

The video style is a mixture of talking heads of employers, supervisors, and employment placement professionals, and the heads and bodies of disabled workers. The video starts with a group of physically disabled workers, then moves on to people with visual

impairments, people with hearing impairments, and, finally, people with cognitive impairments. All of the individuals with physical and visual impairments have desk jobs. None of the individuals with cognitive impairments have desk jobs. Although the film is smooth and believable and really does communicate that people with disabilities can become loyal, conscientious, long-term employees at little cost to the employer, in only one case does it mention promotion and career advancement. The film could be useful, but I would not recommend it as a stand-alone.

Preminger, Otto (Producer/Director). *Tell Me that You Love Me, Junie Moon* [video]. Los Angeles, CA: Paramount Pictures Corp., 1970, 112 minutes.

Reviewed by Martin F. Norden, University of Massachusetts-Amherst.

Tell Me that You Love Me, Junie Moon is one of the earliest, and certainly one of the strangest, movies to represent a character who happens to be both queer and disabled. An official U.S. entry at the Cannes Film Festival, *Junie Moon* explores the post-rehabilitative lives of three young white disabled people: Junie Moon (Liza Minnelli), a heterosexual woman who suffered third-degree burns on her left arm and most of her face; Arthur (Ken Howard), a heterosexual man prone to epileptic-like seizures and disturbing reveries; and Warren Palmer (Robert Moore), a gay man who uses a wheelchair after a homophobe shot him in the back. Though *Junie Moon* deals with such worthy topics as deinstitutionalization, independent living, and ableist prejudice - issues that Hollywood has seldom examined before or since - it falters in a number of areas, particularly in its presentation of Warren.

The producer-director of *Tell Me that You Love Me, Junie Moon*, Otto Preminger, decided to develop the project after reading a 1968 novel of the same name by Marjorie Kellogg. "It fascinated me," said Preminger of the book. "The three characters, their courage, the idea of three disabled people deciding to pool their disabilities and make a life for themselves, not to depend on charity or pity" (Preminger, cited in Frischauer, 1973, p. 232). Intrigued by the possibilities, Preminger bought the rights to the book and began working with Kellogg on the screenplay shortly thereafter. The resulting movie, which Preminger shot on location in Braintree, Massachusetts, and in California's Sequoia National Park, began playing in theaters in 1970.

Junie Moon begins with a doctor who leads a group of interns around a hospital and uses his most impersonal tones to describe a number of patients, including the three who become the film's main focus. About to be discharged from the hospital, Junie, Arthur, and Warren decide to live together and "pool our disabilities," in Warren's words. "We would have, among the three of us, one good pair of hands, one good pair of legs, three good livers, three warm hearts, and three functioning brains," he tells a social worker. Pointing to his forehead, he then adds, "Well, actually, two average brains and one superior intellect." They move into a furnished, but dilapidated cottage found by Junie, who has also built a ramp for Warren. Arthur lands a low-paying job at a local fishmarket owned by Junie's friend, Mario (James Coco), but he is soon fired after an ableist neighbor telephones his boss anonymously with the fabricated news that Arthur is a sexual pervert. Mario, nevertheless, remains on friendly terms with the threesome and even loans them money and his

truck so that they can go on a fishing trip. They arrive at a seaside resort called Patty's Hideaway, where they meet a muscular African-American man known only as "Beach Boy" (Fred Williamson). He and Warren are immediately attracted to each other, and their emergent relationship parallels Junie and Arthur's. ("He loves the excitement, the seducing, and being seduced, and all those beginning things," says Junie of Warren, to which Arthur replies, "So do I.") Both relationships are doomed, however, if for very different reasons: Arthur, who has grown progressively weaker as a result of a string of seizures, dies in Junie's arms, while Warren undergoes an identity-altering transformation.

Junie Moon is commendable primarily for its willingness to address issues that have been largely invisible in popular culture. It presents the positive image of three disabled people leading independent lives, yet it does not ignore the downside: the elusiveness of decent jobs and the poverty that many disabled people face. It also deals, if in a glancing way, with problems of access: Warren initially has difficulty maneuvering through their new home and acidly notes that every bathroom doorway in America is a half-inch too narrow.

Junie Moon is also interesting for its attempts to deal with issues of ableist prejudice. In particular, it followed the lead of several post-World War II movies, Home of the Brave (1949) and Bright Victory (1951), by using racism as a benchmark for evaluating the discrimination that disabled people face on a daily basis (Norden, 1994). For example, a neighbor woman sees a disabled African-American woman moving in with Warren, Junie, and Arthur and says with disgust, "That new one is black." In response, her husband grumbles, "They're all black as far as I'm concerned." When Beach Boy says "Us Blacks got to stick together" to Warren, he, too, recognizes a connection between ableism and racism, if from a different perspective.

Finally, *Junie Moon* benefits considerably from Preminger's choice to play Warren: Robert Moore, a stage director coming off such hits as the respective Broadway and off-Broadway productions of *Promises, Promises* and *The Boys in the Band.* Moore, who would later direct such movies as *Murder by Death* (1976), *The Cheap Detective* (1978), and *Chapter Two* (1979), had approached Preminger about a role in Junie Moon to learn more about the moviemaking process, and Preminger readily agreed (Pratley, 1971). Moore's performance, by turns witty, caustic, insightful, and compassionate, prevents the character from lapsing into a simple composite of queer and disabled stereotypes and, indeed, elevates it to a truly three-dimensional level.

For all of Moore's good work and the movie's progressiveness and insight on certain issues, *Junie Moon* is a most bothersome film on others. For instance, Preminger frequently subjects us to the unsettling image of Beach Boy carrying a fully cooperative Warren over his shoulder like a sack of potatoes as they attend a party and engage in other activities. In addition, Preminger and Kellogg ascribe a touch of ableism and homophobia to one of their own disabled characters. Arthur, who, heretofore, has been a model of tolerance, gets into a squabble with Warren and boils over with "I'll tell you one thing: Junie Moon and I do all the work around here. You - you sit in that - that - that - that little throne of a wheelchair and give out orders like some damn queen." Though such an open expression of hostility from a member of the disabled community is certainly a topic worth exploring, the filmmakers, perhaps believing that the "psychologically disturbed" label that

they had so conspicuously placed on Arthur explained everything, dropped the issue almost as quickly as they raised it.

Some aspects of the filmmakers' portrayal of Warren are especially troubling. Despite Preminger's insistence that the movie contains "hardly any changes" from the novel, and that "the characters remained intact" (Preminger, cited in Pratley, 1971, p. 166), he and Kellogg altered Warren's character in several significant ways. The movie raises the possibility that Warren has entertained suicidal thoughts when, early in the film, he blithely suggests he is about to kill himself and needs to see a social worker. Though he appears to be only kidding, his statements hint at an undercurrent that does not exist in the book. Indeed, the novel's first scene with Warren shows him engaging in actions that, if anything, are life-affirming: He comes up with the idea that he, Junie, and Arthur should live together and tries to convince the others to share a home with him after they move out of the hospital.

More problematic is the film's insistence that Warren is cured of his gayness after one of Beach Boy's friends, a heterosexual African-American woman named Solana (Emily Yancy), seduces him during an overnight encounter on the beach. Warren happily announces to Junie and Arthur the next morning that he and Solana made love all night, that he is no longer gay, and, as if to show that his "conversion" is complete, proclaims that he will no longer fuss about in the kitchen making brownies(!). A similar seduction episode does occur in the novel, but, importantly, the book does not suggest that it has "cured" him. As Kellogg wrote of Warren after his beachfront one-night stand: "He wanted to turn around and wheel out of the room and find Beach Boy again. . . . He would make a life with this golden man, and it would be like Provincetown, only warmer and sexier and farther away" (Kellogg, 1968, p. 208). In all likelihood, Preminger and Kellogg feared that their film might receive an "R" rating or even the kiss of death - an "X" - from the Motion Picture Association of America, the movie industry's self-regulatory agency, which had introduced its rating system in 1968 with standards very different from today. Doubtless aware that the MPAA had slapped an "X" rating on 1969's *Midnight Cowboy* for its profanity and reference to non-mainstream sexuality, Preminger and Kellogg "straightened" Warren out, presumably to avoid having their film branded in a similar way. (Unbeknownst to Preminger and Kellogg, of course, *Midnight Cowboy* would, with no small irony, go on to win the Oscar for Best Picture of the Year.) If the filmmakers had shown a bit more courage - indeed, if they had simply followed the direction of the novel more closely - the result might have been a true landmark film in the portrayal of queer, disabled characters. As it stands, *Junie Moon* is a watchable, but significantly flawed film.

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